

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 26100.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE: 03/16/93		CASE #		SIGNED: <i>[Signature]</i> DATE: 5-17-93		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT R. A. Miller		PHONE (818) 953-2599		SIGNATURE <i>R.A. Miller</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Mobil Oil Corporation			
	ADDRESS 3800 W. Alameda, Suite 700 Burbank CA 91505					
RESPONSIBLE PARTY	NAME Mobil Oil Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON R. J. Edwards		PHONE (818) 953-2517	
	ADDRESS 3800 W. Alameda, Suite 700 Burbank CA 91505					
	FACILITY NAME (IF APPLICABLE) Mobil Service Station #10-G6A					
SITE LOCATION	OPERATOR Mirazim Shakoori		PHONE (415) 889-0579		ADDRESS 3519 Castro Valley Blvd. Castro Valley Alameda 94546	
	CROSS STREET TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER					
	TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input type="checkbox"/> OTHER					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda Co. Environmental Health		CONTACT PERSON Rafat Shahid		PHONE (415) 874-6434	
	REGIONAL BOARD San Francisco Bay RWQCB		CONTACT PERSON Peter Johnson		PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME ORM-E Waste Oil (Tank Cavity)		QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN			
	(2)		QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/2/88		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER W/O Tank Replc. Project			
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/2/88					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN		TANKS ONLY/CAPACITY 280 GAL.		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	
	<input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER	
CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)					
COMMENTS	_____					